

## Complete Summary

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### TITLE

Domestic violence: percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 51 p. [111 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

### RATIONALE

The priority aim addressed by this measure is to increase training opportunities for health care staff for screening and assessment of domestic violence.

### PRIMARY CLINICAL COMPONENT

Domestic violence; health care staff training

### DENOMINATOR DESCRIPTION

Number of health care staff in primary/urgent care settings identified by medical group as eligible for training (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

### NUMERATOR DESCRIPTION

Numbers of health care staff employed with their medical group in their position, or a similar position, who attended training sessions for implementation of this guideline\* within the previous twelve months

\*See the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Domestic Violence](#).

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Structure

### SECONDARY MEASURE DOMAIN

Process

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Domestic violence.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Emergency Medical Services  
Hospitals  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Allied Health Personnel

Emergency Medical Technicians/Paramedics  
Nurses  
Physician Assistants  
Physicians  
Social Workers

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Does not apply to structure measures

#### TARGET POPULATION GENDER

Does not apply to structure measures

#### STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to structure measures

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

According to the National Violence Against Women Survey and review done by the U.S. Department of Justice, there is wide variability in the reported incidence of intimate partner violence in today's literature.

Intimate partner violence is common, affecting 25% of women and 11% of men at some time during their lives.

Studies show that 11% to 22% of the women seen in primary care offices are currently experiencing physical abuse. The same is true of 12% to 35% of emergency room visits for women, and 7% to 20% of pregnant women.

Initial clinical trials have found prevalence from 10 to 30% where concerted efforts have implemented direct respectful routine screenings.

Recent reports on domestic violence during pregnancy have documented that 7% to 20% of abused women experienced abuse during pregnancy, including White, African American, and Hispanic women and both adult and teen mothers.

Bullock and McFarlane reported 26% of pregnant teens had experienced physical abuse, and about 65% of the abused, pregnant teens had not told anyone about the abuse. Many teens reported abuse by both partners and parents. Increased abuse was reported in the postpartum period by Gielen et al.

Battered women remain underdiagnosed by the medical community generally, and by primary care physicians specifically. As few as 1 in 20 battered women are correctly diagnosed by the physicians to whom they turn for help.

Domestic abuse is at least as common as breast cancer and far more common than thyroid problems, hypertension, or colon cancer, for which primary care physicians routinely screen. In pregnant populations, battering occurs at a frequency far greater than the incidence of rubella, Rh and ABO incompatibilities, hepatitis, and diabetes combined yet it is rarely, if ever, screened for, let alone appropriately diagnosed in the 10% to 25% of obstetric patients who are battered.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 51 p. [111 references]

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Studies at Kaiser show that self-report exposure to events such as domestic violence during childhood are associated with unintended pregnancy, sexually transmitted diseases, alcohol abuse, smoking, suicide, depression, and risk factors for heart disease, chronic lung disease, and liver disease in adulthood.

Domestic violence is a major health problem that cuts across ethnic, gender, and socioeconomic lines.

Women who have been physically abused as adults have a higher rate of mental disorders than women without a history of abuse.

Of battered women, 33% suffer from anxiety and depression and 26% of all women who attempt suicide are victims of domestic violence.

Of hospitalized female psychiatric patients, 64% have a history of being physically abused as adults.

Depression is well documented as a major symptom of domestic violence.

Campbell found abuse during pregnancy to be associated with increased severity and frequency of abuse as well as increased risk of homicide.

Abused women are at an increased risk of delivering a low birth weight infant, even after controlling for other risk factors correlated with low birth weight. Prenatal abuse is also correlated with late prenatal care. Domestic abuse can affect the new parent's ability to provide care.

Psychological trauma resulting from chronic abuse produces symptoms which include overwhelming anxiety (including panic attacks, numbness, and tingling), intense fear, confusion, and depression.

## EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 51 p. [111 references]

## UTILIZATION

Unspecified

## COSTS

- The estimated total cost of intimate partner violence (IPV) (including IPV rape, physical assault, and stalking) against adult U.S. women is \$5.8 billion (1995 dollars). Nearly \$4.1 billion is for direct medical and mental health care. The remaining \$0.9 billion is lost productivity from paid work and household chores for victims of nonfatal IPV. For IPV homicide, \$0.9 billion is lost in lifetime earnings.
- The annual medical care costs for domestic violence victims at HealthPartners are almost 50% (48.8%) more than age-matched women who are not abused.

## EVIDENCE FOR COSTS

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 51 p. [111 references]

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Safety

## Data Collection for the Measure

### CASE FINDING

Does not apply to structure measures

## DENOMINATOR SAMPLING FRAME

Does not apply to structure measures

## DENOMINATOR (INDEX) EVENT

Does not apply to structure measures

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Number of health care staff in primary/urgent care settings identified by medical group as eligible for training\*

\*Health care staff (including physicians, nurses, mental health providers, physician assistants, nurse practitioners, midwives, and social workers) in primary care, obstetrics-gynecology, urgent care, and mental health

### Exclusions

Unspecified

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Numbers of health care staff employed with their medical group in their position, or a similar position, who attended training sessions for implementation of this guideline\* within the previous twelve months

\*See the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Domestic Violence](#).

### Exclusions

Unspecified

## DENOMINATOR TIME WINDOW

Does not apply to structure measures

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Clinician survey

Provider data

## LEVEL OF DETERMINATION OF QUALITY

Does not apply to structure measures

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Does not apply to structure measures

### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

### MEASURE COLLECTION

[Domestic Violence Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Nov

#### REVISION DATE

2004 Nov

#### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 40 p.

#### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 51 p. [111 references]

#### MEASURE AVAILABILITY

The individual measure, "Percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months," is published in "Health Care Guideline: Domestic Violence." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on September 16, 2004. This summary was updated by ECRI on January 19, 2005.

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